

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09971812

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				3		
4				7		
5				1		
6						
7						
8				2		
9				3		
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13						
14						
15			1			
16				1		
17				1		
18				1		
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23				2		
24			1			
25				1		
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50						
TOTAL IND.			6			
TOTAL DEP.			31			
TOTAL CLAIMS			37			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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TOTAL CLAIMS												